

INSURANCE LOSS NOTICE - *State of West Virginia*

BRIM USE ONLY

Instructions: For **all** losses, complete sections 1, 2 & 3
For **Auto** losses -- **also** section 4
For Insured **Property** losses -- **also** section 5

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!
! Coding _____ / _____ / _____
! To. Co. _____
!

(1) Insured Name: _____ Insured Acct. # (**required**) _____

Insured Address: _____

Insured Phone Number (*day*): _____

Contact Person _____ Position with Insured _____
For insured (Contact Person)

(2) Date of Loss: _____ Time of Day: _____

Location of Occurrence: (*Street address*) _____

Description of Occurrence: _____

Investigated By: (*Police, Fire, etc.*) _____

(3) Injured/Property Damaged *use additional sheet(s) as necessary*

Name (*injured/owner*) _____ Home Phone #: _____

Address: _____ Work Phone #: _____

Age ____ Sex ____ Social Security #: _____ Occupation: _____

Employer: _____ Where is Property Now? _____

Description-Injury: _____

Description-Property Damage: _____ Estimate Amt. \$ _____

Witnesses: _____

(4) Auto Losses Only *use additional sheet(s) as necessary*

Insured Vehicle

Claimant Vehicle

Year _____ Make _____ Model _____ Year _____ Make _____ Model _____

VIN _____ VIN _____

Vehicle Driver _____ Vehicle Driver _____

Vehicle Owner _____ Vehicle Owner _____

Passengers _____ Passengers _____

(5) Insured Property Losses Only: Loss Type

() Fire () Windstorm () Burglary & Theft () Boiler & Machinery () Fidelity

() Vehicle () Aircraft () Other _____

SUBMITTED BY: _____ DATE: _____